

MA

FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 18 1997 8:00 am
Secretary of State

DOCUMENT # H61290 (3)

1. Corporation Name
CENTRAL FLA. FABRICATORS, INC.

Principal Place of Business
**409 W. 14TH STREET
SANFORD FL 32771**

Mailing Address
**POB 2662
409 W. 14TH STREET
SANFORD FL 32771-3409
32771**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/11/1985

3a. Date of Last Report

02/19/1996

4. FEI Number

59-2547005

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WHIGHAM, FRANK C.
200 W. FIRST STREET
SUITE 22, SUN BANK BLDG.
SANFORD FL 32771**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	2299 GRANDVIEW RD SANFORD, FL 32771
NAME	WHITLEY, ELIZABETH L.	Correct Address
STREET ADDRESS	2299 GRANDVIEW	
CITY-ST-ZIP	SANFORD FL	
TITLE	P	2301 GRANDVIEW SANFORD, FL 32771
NAME	WHITLEY, MICHAEL A	
STREET ADDRESS	2301 GRANDVIEW	
CITY-ST-ZIP	SANFORD FL	
TITLE	S	379 CARPENTER OSTEE, FL 32764
NAME	HOSACK, DEBORAH D.	
STREET ADDRESS	379 CARPENTER AVE	
CITY-ST-ZIP	OSTEE FL	
TITLE	VP	266 LONGWOOD DR OSTEE, FL 32764
NAME	KELLEY, PAMELA T.	
STREET ADDRESS	266 LONGWOOD DRIVE	
CITY-ST-ZIP	OSTEE FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELIZABETH L. WHITLEY	
1.3 STREET ADDRESS	POB 2662	
1.4 CITY-ST-ZIP	SANFORD FL 32772	
2.1 TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHAEL A WHITLEY	
2.3 STREET ADDRESS	POB 2662	
2.4 CITY-ST-ZIP	SANFORD FL 32772	
3.1 TITLE	SEC.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DEBORAH D. HOSACK	
3.3 STREET ADDRESS	POB 2662	
3.4 CITY-ST-ZIP	SANFORD FL 32772	
4.1 TITLE	V. PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PAMELA T. KELLEY	
4.3 STREET ADDRESS	POB 2662	
4.4 CITY-ST-ZIP	SANFORD FL 32772	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **2000. 1-14-97 407226725**

CR2E034 (9/96)